

WV REGIONAL JAIL & CORRECTIONAL FACILITY AUTHORITY

INMATE REQUEST/GRIEVANCE

(CIRCLE ONE)

NAME Thomas David House of Deeg DATE August 2, 2012

OID NUMBER _____ INC DATE _____ POD A SEC 8 RM 7

TO: Counselor

TYPE REQUEST/GRIEVANCE: demand for filing of habeas corpus

REASON FOR REQUEST/GRIEVANCE I have a completed writ of habeas corpus that needs to be immediately filed with a Magistrate of the District Court of the USA for ok Thomas David House of Deeg without prejudice and
A/R/A
All Rights Reserved

Accepted by staff and answered my status and capacity
RESPONSE/DISPOSITION
He who is silent agrees
He who does not deny agrees

☐ APPROVED ☐ DISAPPROVED ☐ REFERRED

SIGNATURE _____ RANK _____ DATE _____

REMARKS We do not fax. You will have to mail it. What County are you mailing it to and we will provide the address if needed.

ACTION TAKEN _____

SIGNATURE [Signature] DATE 8/4/14

RJCFA-36A

(CIRCLE ONE)

WV REGIONAL JAIL & CORRECTIONAL FACILITY AUTHORITY
INMATE REQUEST/GRIEVANCE
(CIRCLE ONE)

NAME Thomas David House of Deeg DATE 4th day of August

OID NUMBER 7 INC DATE _____ POD A SEC 8 RM 7

TO: Counselor

TYPE REQUEST/GRIEVANCE: address of US Magistrate WV charleston

REASON FOR REQUEST/GRIEVANCE I have completed writ of habeas corpus that needs filed with the US District Court Magistrate. WV District probably charleston w/ Thomas David House of Deeg. All rights reserved w/ pre-jud.

more recognition of my status and equity is

INMATE SIGNATURE

RESPONSE/DISPOSITION

☐ APPROVED ☐ DISAPPROVED ☐ REFERRED

SIGNATURE _____ RANK _____ DATE _____

REMARKS _____

State Capitol Complex Bldg 1
Suite 157-K
1900 Kanawha Blvd E
Charleston, WV 25305

ACTION TAKEN _____

SIGNATURE Deeg DATE 8-8-14

RJCFA-36A